REMARKS

In the Office Action dated December 21, 2004, the disclosure was objected to because, among other things, of a typographical error at page 2, which has been corrected. The disclosure was also objected to because the Examiner stated at page 13 it is not clear how the sensor recognizes which support is being used, and the Examiner further stated the meaning of "length of sensor is measured" is not clear.

In response to these latter objections, Applicants submit that the paragraph beginning at page 13, line 14 provides a complete explanation as to how the recognition of the type of patient support board is made. As described in that paragraph, boards that are used for different purposes (i.e., an angiography board and a computed tomography board) have different assembly heights, and the sensor 15 is able to detect the height of the currently employed board, and actuate the latching mechanism as needed. In the embodiment shown in the drawings, the sensor 57 has a deflectable lever, and the deflection, or the degree of deflection, of this lever indicates (recognizes) the type of board that is currently in place on the support. A light barrier sensor also could be used to detect the assembly height by means of a light beam. A further complete description of the manner by which the sensor recognizes the board that is currently being employed on the support is present in the specification at page 7, line 18 through page 8, line 16.

The drawings were objected to as failing to comply with 37 C.F.R. §1.84(p)(5), because the Examiner stated the reference numerals "12a, 12b" and "21a, 21b" were both used in the specification to designate motors. In

IN THE DRAWINGS:

Figure 10 has been amended as shown on the Replacement Sheet attached hereto.

response, the specification has been editorially revised at page 15 to use the reference characters "12A and 12B" in place of the reference characters "21A, 21B" so that the motors are designated with the same reference characters throughout the specification. Therefore, no amendment of the drawings is necessary.

Claims 1, 2, 6, 10, 14-22, 26, 30, 34-36 and 38-41 were rejected under 35 U.S.C. §112, first paragraph as failing to comply with the enabling requirement. The Examiner stated the phrase in the independent claims of a "positive mechanism being automatically variably configurable" is not enabled in the specification because the Examiner stated that Figures 5 and 6 do not show any automatic variability. The Examiner also stated that claim 1 requires that the "positive fit mechanism" be automatically configured for "any type of patient board," and the Examiner stated this is not enabled by the specification because the disclosure only allows one skilled in the art to be able make and use the invention with patient boards 3A, 3B and 3C as disclosed. The Examiner also stated the language in claims 16 and 36 requiring that the sensor be actuated by mechanical contact is not enabled. As to claim 35, the Examiner stated the manner by which the sensor recognizes which patient support board is being used is not enabled.

These claims also were rejected under 35 U.S.C. §112, second paragraph as being indefinite for the reasons set forth in paragraph 8 at page 4 of the Office Action.

The rejections under Section 112, first and second paragraph, are respectfully traversed for the following reasons. Since the reasons for

traversing these rejections relate to the rejections under both the first and second paragraphs, the rejections will be discussed together.

First, it should be noted that in response to the election of species requirement, Applicants elected the species of Figures 9 and 10, which was one of the species designated by the Examiner. As stated in the paragraph beginning at page 14, line 19 of the present specification, the embodiment of Figures 9 and 10 is a combination of all three of the variants that were previously described in the specification. Therefore, upon reconsideration, Applicants consider every claim of the application (claims 1-41) to be readable on this elected embodiment, and examination on the merits of all claims of the application is therefore respectfully requested.

The embodiment shown in Figures 9 and 10 is capable of accepting (receiving) all three types of disclosed patient support boards 3A, 3B and 3C. The narrow board 3A (that is typical of the type of board used in an angiography x-ray device) can be accepted when the retractable jaws 43 and 45 are deployed and the top of the base part 49 is flush with the surface of the depression 59. When the jaws 43 and 45 are retracted, the depression 59 presents a flat surface, so that the wider, universal board 3C can be accepted. When the base part 49 is lowered (and the jaws 43 and 45 also are lowered) the curved surface 47 is presented, which accepts the curved board 3B (which is the type of board generally used in computed tomography systems). Lowering of the base part 49 and the jaws 43 and 45 was explained in the paragraph bridging pages 14 and 15 of the specification as originally filed, which stated that the same arrangement shown in Figures 3 and 4 can be

used for that purpose. Figure 10 has been amended to show the lowered base part 49 with the jaws 43 and 45 also lowered.

Therefore, since the embodiment shown in Figures 9 and 10 can accommodate all three types of boards, and includes all of the three embodiments described separately in the other figures for doing so, all claims of the application read on the elected species of claims 9 and 10.

Since the species of claims 9 and 10 was originally elected, and since, as explained in the specification as originally filed, this embodiment includes structure that physically changes the shape of the contact surface that is presented for receiving the patient support board, Applicants submit independent claims 1 and 21 as originally filed were entirely correct in stating that the support component and the positive fit mechanism are "automatically variably configurable" to receive and engage any of the types of patient support boards that are described earlier in those claims. The Examiner's criticism of the independent claims on the basis of Figures 5 and 6 is not understood, since the embodiment of Figures 5 and 6 was another of the species designated by the Examiner, and was not the elected species. Nevertheless, in view of Applicants belief that claims 1 and 21 should be generic claims, and are allowable over the art of record for the reasons discussed below, each of claims 1 and 21 has been amended to state that the contact surface exhibits multiple configurations. This generic language encompasses the structure of the configurations being fixed (defined) by the shape of the contact surface itself (such as the depression 59 and the curved

recess 47) and the arrangement wherein different contact surface configurations are produced by raising and lowering the base part 49.

Dependent claims 2 and 22 now represent the main dependent claims in which variable re-configuration (i.e. by raising and lowering the base part 49) is claimed, and all of the claims that relate to that mechanically variable embodiment have been made to depend directly or indirectly from claims 2 and 22.

New claims have been added to describe the embodiment wherein at least two of the configurations are simultaneously presented (such as in the embodiment noted by the Examiner shown in Figures 5 and 6).

As to the Examiner's questions concerning the operation of the sensor, Applicants believe the discussion above responds to those rejections as well. The deflectable lever arm of the sensor shown in Figures 3, 4, 9 and 10 is explicitly stated in the specification to be a schematical representation only, and it is clear that in reality the deflectable arm will be at a position so that it is actually deflected (i.e. in mechanical contact) with at least one of the patient support boards, dependent on the configuration of that patient support board. Moreover, although it is correct that the sensor actuates the unlatching device, Applicants submit it is also correct to refer to the sensor itself as being actuated, in the same manner that a switch is actuated (i.e. opened or closed). Deflection of the lever arm by a particular patient board that is in place on the support component can open or close a switch of the sensor (thereby "actuating" the sensor), which in turn causes the sensor to "actuate" the unlatching device.

Applicants submit the above statements respond to the Examiner's rejection of lack of enablement based on the variable configuration of the positive fit mechanism as well as the lack of enablement of the operation of the sensor. As to the Examiner's statements regarding a lack of enablement with regard to the use of "any type of patient board," Applicants respectfully submit the Examiner has incorrectly read the claim language. The claim language in independent claims 1 and 21 does not refer to "any type of patient support board" but instead explicitly refers to "any of a plurality of types of patient support boards, each having a head end and an underside, and differing from each other as to at least one of a shape of the underside and a width of the head end." The explicit language of claims 1 and 21, therefore, generically describes the disclosed boards 3A, 3B, and 3C, and is not so general as to refer to "any type of patient support boards."

Moreover, in the claims wherein the automatic re-configuration of the contact surface takes place by the operation of the sensor, it is specifically stated that the sensor detects (senses) either the shape or the width of the patient support board that is currently being used.

As to the Examiner's statements that the phrase in claims 1 and 21 "by a patient...medical device" is confusing, this phrase has been deleted from those claims. It is true that the different types of patient support boards that are able to be received by the patient support are intended for use in different types of medical devices, and that the medical device itself, as is well known in this field, can engage the support board on the gurney and move it into the medical device with the patient thereon, for treatment or examination.

Nevertheless, the manner by which the support board is removable from the claimed gurney is not considered to be part of the present invention, and therefore Applicants have no objection to deleting that language from independent claims 1 and 21, and to simply state that the patient support board is removable from the support component.

Claim 17 has been revised in view of the Examiner's comments.

In view of all of the above discussion, Applicants submit that all claims of the application are in full compliance with all provisions of Section 112, first and second paragraphs.

Claims 1, 2, 6, 10, 14-22, 26, 30, 34-36 and 38-41 were rejected under 35 U.S.C. §102(b) as being anticipated by Lamb et al. Those claims also were rejected under 35 U.S.C. §102(b) as being anticipated by Carnes et al. Claims 1, 2, 14, 21, 22 and 34 were rejected under 35 U.S.C. §102(b) as being anticipated by Ramsey. As noted above, the elected species of claims 9 and 10, as set forth in independent claims 1 and 21, is capable of receiving patient support boards that have different shapes and widths, and for this purpose, the support component exhibits multiple contact surface configurations. None of the three references relied upon by the Examiner has structure allowing the use of different types of patient support boards with a single support component that exhibits multiple contact surface configurations. In each of the references cited by the Examiner, it is true that one patient support board can be removed from a support component and replaced by another, however, the configuration of the removed and the replaced boards must be identical, because the support component in each of

the three references relied upon by Examiner has one and only one configuration, for accepting one and only one type of patient support board.

None of the three references relied upon by the Examiner therefore, discloses all of the elements of independent claims 1 and 21 as arranged and operating in those claims, and therefore none of the three references relied upon by the Examiner anticipates claim 1 or claim 21. The claims respectively depending from claims 1 and 21 add further structure to the novel combinations of those claims, and therefore are not anticipated by any of the three references relied upon by the Examiner for the same reasons discussed above with regard to independent claims 1 and 21.

All claims of the application are therefore submitted to be in condition for allowance, and early reconsideration of the application is respectfully requested.

Submitted by,

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